MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	 FILING DATE
APPLICANT(S)	

CLAIMS

		AFT	ER	AFT	ER	CLAIMS		*		÷		±	
AS FILED		1at AMEN	DMENT	2nd AMEN	DMENT	{		1110	DEP.	IND.	DEP.	IND.	DEP.
IND. DE	Р.	IND.	DEP.	IND.,	DEP.	4 h	E1	IND.	DEP.	1	1 52		
11-1-						4 h	51 52		├	 	 		
1-/-	_			├ ─		-{ }	53			 	1	 	
 			 -	_	<u> </u>	-	54		┼──		 	 	
1 - 1	}- -					-} '	55		+	+	-		
			 	 	 	4	56	 	+	+		1	
1	\preceq		 		├ ──	-		 	+			1	1
1///_			 		 	4	57	 			+	1	1
		·	├		├	-1	58 59						
	·				+-			-	+				
16 0			 			-1	60	+			+		
1/			1			-	61	-		- 			1
1/2						_	62						
					-	_	63	-			- 	- 	+
			1_			_	64						+
					\bot	⊣	65	 					+
			1			┩ .	66	- ` -			-		
,							67			-+-	: 	_	-
3			<u> </u>				68					_	_
9							69	_	 -				
0		4	—		+		70	_	_		 -		
1											_		
2						 ŀ	72	$\overline{}$			- -	_	
23							73			 -	-		
24					_ _		74						_
25						_	75				-+		
26							7	$\overline{}$					
27	<u> </u>	_			\vdash		7		-+				
28						_		9	-+				
29	<u> </u>						<u> </u>						$\neg + \neg$
30 .	<u> </u>						——	30					
31	<u> </u>							31				-+	
32							<u> </u>	32					
33	\top			<u> </u>	}_		_	83				 }-	
34							<u> </u>	84	- 				
35	\top						<u> </u>	85					
36							<u> </u>	86	+		+		
37	7							87		 +			
38	\top						<u> </u>	88					
39		$\neg \neg$					<u> </u>	89		:			
40		-					L		-	-	 +	+	
41	\dashv		$\overline{}$				L	91					
42	_							92					
43.	- -						Γ	93					
44							Γ	94	1				
45	+	+					Γ	95					
46	-+-	-+					7	96				· ·	
47							- 1	97					
48	\dashv	+					t	98			<u></u>		
	-+					11	f	99			<u> </u>		
49						1	1	100		1	1	\	
50'	, 			-		-	, 1	IOTAL		· 11	\	π /	1 1
TOTAL IND.		Î			}		. '	IND.					
TOTAL DEP.	,	\Leftrightarrow		•			Į	TOTAL DEP.				6600 AND	a .
YOYAL CLAIMS	_	140120	 		1	1002-100	1	TOTAL	.		<u></u>	20 A V	<u> i</u>

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS